

10026

Certificate of Death.

1.—Full Name,* *James J. Donnelly*

2.—Age, *22* years, *2* months, _____ days.

3.—Sex, Male, Female.* *4*—White, Colored.*

5.—Single, Married, ~~Widow~~, ~~Widower~~

6.—Birthplace, *Ireland*

7.—Occupation, *express agent*

8.—If of foreign birth, how long in the U. S. *19* years.

9.—How long resident in City, *19* years.

10.—Father's Birthplace,* *Ireland*

11.—Mother's Birthplace,* *Ireland*

12.—Place of Death,* No. *324 1/2 Street* Brooklyn, Ward *8*

13.—Number of Families in House, *1*

14.—On what Floor, *1st*

RECEIVED AT
9109
 REGISTRAR'S OFFICE.
 SEPT. 14 1880

15.—I HEREBY CERTIFY that I attended the deceased from *22 August* 1880, to *13 Sept* 1880;
 that I last saw him alive on the *13th* day of *Sept* 1880; that he died on the
14 day of *Sept* 1880, about *4* o'clock A. M. or P. M., and that the following was the

16.—Cause of Death,*
 I. *Pneumonia followed by emphysema* Time from attack till death. *ten months*
 II. *Phthisis death by athermia Ph this first form its way through its bronchial tubes, after which it*

This Certificate delivered to _____ at _____ M., 188____

Signed by *John G. Trent* M. D., No. *23217* Street or Avenue. _____
 Medical Attendant. Address. _____

the whole of the lungs & marked a fatal case daily

9109

17.—Place of Burial, Holy Cross Cemetery.

18.—Date of Burial, September 16th 1880

In case of contagious diseases, A. M. or P. M.

19.—Undertaker, Fritschler & Selle

Place of Business, 684. 5th ave

*

Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.

3, 4, 5, 15.—Draw a line through the *words not required* on these lines.

6, 10, 11.—Insert name of State or Country.

12.—If in a *Public Institution*, please state its name, and erase line 13.

16.—I. Name the *Organic*, Principal, or most influential Disease or Injury. If an autopsy was made, please so state.

II. Name any complication, remote cause, important event (as Operation, in Surgical Cases,) or the Manner of Dying (as Asphyxia, Asthenia, Syncope, etc.), or prominent symptom (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.

18.—Small Pox. Scarlet Fever, Diphtheria, Measles.

Note to Undertakers.—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death and be strictly private; and that the remains be conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, Municipal Department Building.

Hours from 9 to 4. Sundays and Holidays, 9 to 12.